

James
An Essay on Equine Practice
or Group

Wm. Davis

admitted March 15th 1819

In the year 1840
the first of the

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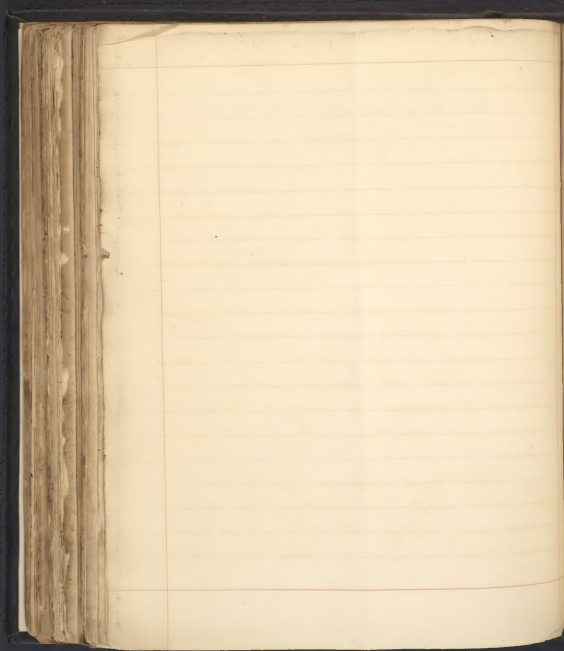
8 pages

1899

Thinking of the time to be
spending in the future, and
the manner of the same, and
how things have to be done
in the future, and how in
the light of the present system

It is true, and yet the difficulty
about the present system, and
the nature of the present and
future, that it is not possible
to say where we may be in
the future, and what it will
be.

But the question of the present
and the future of the future
and the future of the future
and the future of the future



1

Cyanotic Tracheitis
or
Croup.

Undoubtedly of all diseases to which children are liable, and which come under the observation of the Physician, none have stronger claims to his serious consideration, than the one chosen as the subject of this inaugural dissertation - on.

At our time, such was the obscurity in which the disease was involved, such the rapidity of its progress, and such its fatality, that it excited nought but terror and alarm in every section of country in which it made its appearance.

Practitioners ignorant of the correct and best mode of treating the disease, relied more upon the powers of nature than the resources of their own art.

Under these circumstances the child almost invariably fell a victim to the malady.

These were the circumstances under which the practitioner and patient were situated. To the labours and ingenuity of our dear physicians, is to be attributed the confidence with which we now approach a case of Croup, and the success which attends our treatment; eternal gratitude is due to those who have so essentially contributed to alleviate the misery of, and to preserve so interesting a portion of the community.

This disease as its name sufficiently expresses, has its seat in the trachea. It was generally supposed, and the opinion is still entertained by some, that Dr. Hume was the first who spoke of the disease; but it appears that Boerhaave and some others met with

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the disease and speak of it in their works. If to them must be ascribed the merit of first introducing it to the notice of Physicians, not less is due to Dr. Howe, in first giving us a correct idea of its pathology.

Croup is generally, though not exclusively confined to children; sometimes however attacking adults, and among the instances of the latter recorded, history mentions Genl. Washington who fell a victim to its ravages in the district of Columbia.

It is a disease of frequent occurrence in this country, but is I believe not so prevalent in Europe.

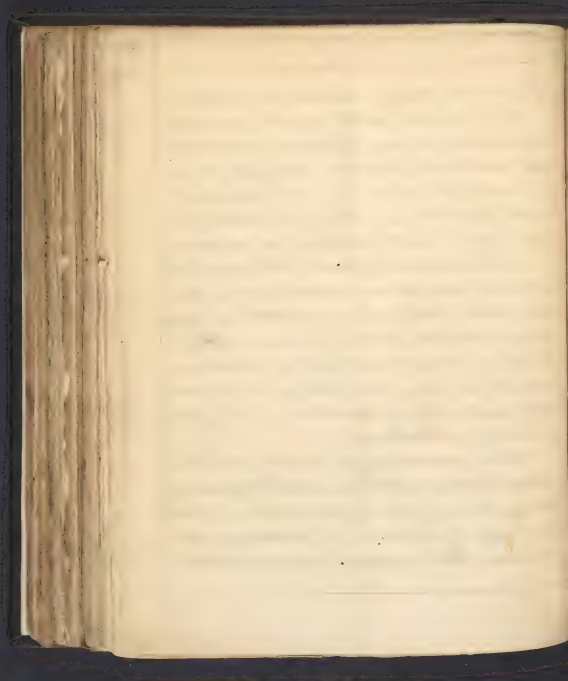
The causes which have been mentioned by authors as giving rise to the disease are numerous, but by far the most uniform and frequent is exposure to a cold and moist atmosphere; hence most frequent

ly, prevails during autumn and spring.

That peculiar state of the atmosphere will render it an epidemic; observation and authority preclude all possibility of doubt; but as to its contagious nature which has been so strongly asserted by some, we are not justified in crediting.

The disease appears to be peculiarly endemic, in certain sections of country, while other parts not very distant are exempted; for instance while it prevails at Fall Point, it is rarely met with in Baltimore and when raging in such cases, seldom come under the observation of the physicians of Edinburgh.

The generality of Nosologists, have divided Cramp into two distinct forms, viz. when it arises from inflammation and when produced by spasm. A Modern writer considers this division unnecessary, and



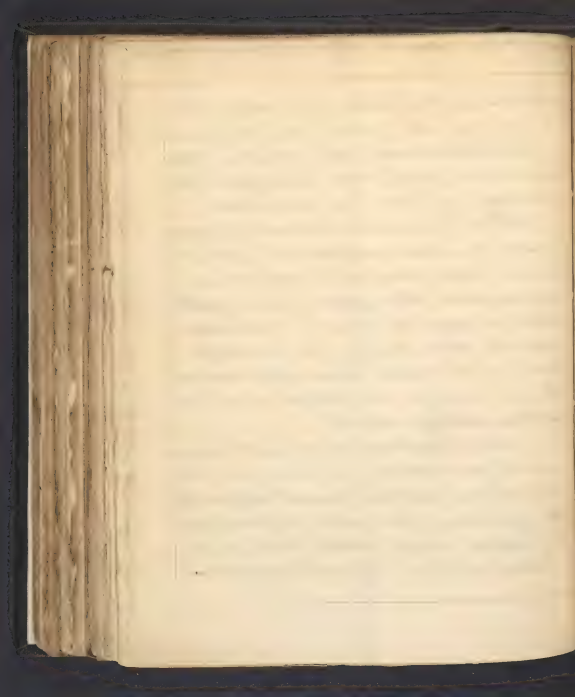
improper, as he believes the disease to
be always the result of inflammation.

Notwithstanding this assertion differ-
ent views very much to support the
propriety of such a distinction.

That Cynanche trachealis is sometimes
caused by spasm is probable from its
sudden and unexpected accession, as
well as from the appearance of the
parts exposed to view by dissection.

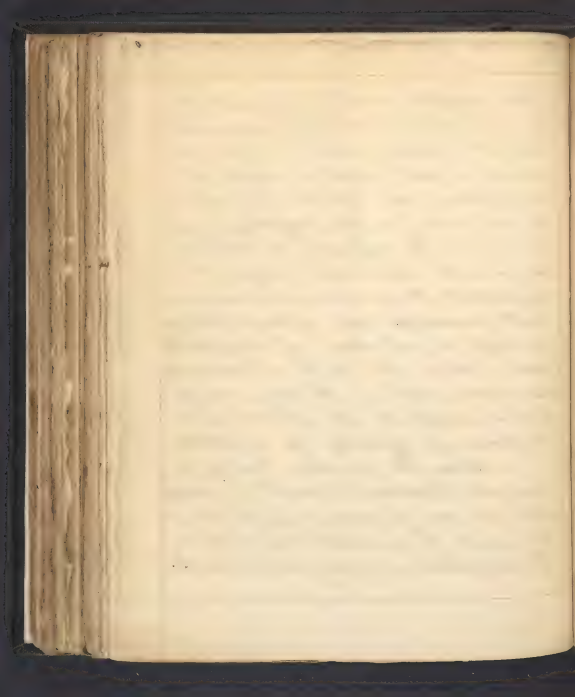
On the other hand symptoms of,
such a character have appeared as
to so away all doubt as to its
inflammatory nature.

The symptoms which most usually
indicate an attack of Croup are the
child being indolent, feverish and restless.
The eyes and face are suffused, and
a frequent cough attends which is con-
sidered as an infallible symptom.



These symptoms continuing for a day or two or a shorter time Suffocative ascorbation the disease becomes confirmed and assumes a most alarming aspect. The throat becomes more white and painful; the eyes and face are suffused to a greater degree; the difficulty of breathing now is such as almost to suffocate the patient; the countenance also indicates great uneasiness and internal distress; if relief is not soon afforded death soon closes the scene. It is something remarkable, that in the very worst forms of this complaint the patient never complains of difficulty of deglutition.

Brown the preceding history of Dysphagia Strachan's it must be evident that all our measures and practice in toto must be prompt and decisive; for every hour may every minute we lose



operates against the safety of empu-
tation.

The practice found to be the most
judicious and efficacious in the incipient
stage of this disease, is to commence
with the administration of an emetic;
and the best we can select is the tart
of ant. which is to be repeated at
short intervals in the largest doses
compatible with the safety of the patient
at the same time the child should be
immersed in a warm bath and kept
there for a quarter of an hour.

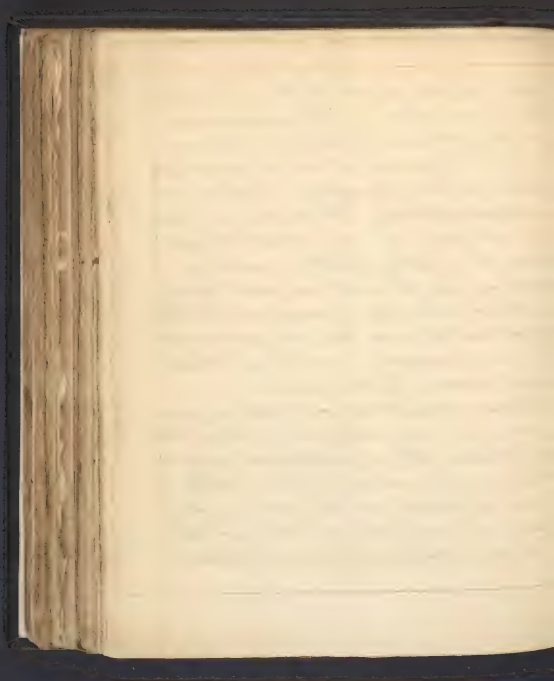
Should the emetic not have the desired
effect or after its operation we should
not be sensible of any benefit resulting
we must take up the lancet and carry
our bleeding to such an extent as to
make the system susceptible to the
operation of the emetic, and again



resort to the warm bath. But should
 the disease resist all these measures, &
 all our endeavors and cautions to procure
 relief be ineffectual, we are to depend upon
 specific remedies as, cupping, leeching and
 sometimes blistering. Should these not answer
 our end and all our attempts to afford
 relief be baffled by the unyielding
 obstinacy of the case, we must again
 resort to bloodletting and push it to the
 utmost extent we can do with humanity.

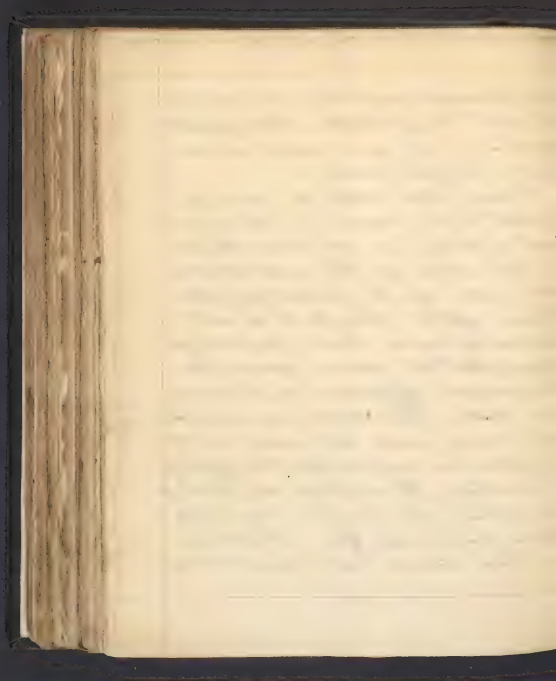
It is almost a miracle if the case
 is not overcome by these means.

Having accomplished our object so far
 calomel is the next remedy which claims
 our attention; but we should bear in mind
 that in the administration of this
 article, it should not be given in such
 doses as merely to open the bowels
 but so as to induce the most copious

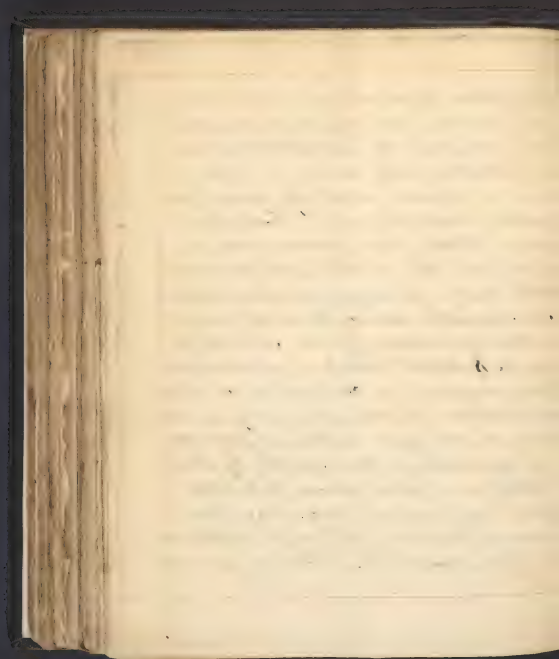


and thorough evacuations. Now is the time
to resort to expectorants with the greatest
advantage; and none answer so well
as the polygala senega.

Having thus stated the mode of
practice to be pursued in the commence-
ment of Croup, we must proceed to speak
of that stage of the complaint, when
other parts of the respiratory system
become affected. Here the lungs and
pulmonary vessels become so much in-
flamed, that the disease assumes the
characteristic appearances of, Pneumonia
notha. The disease is now, instead
of becoming worse and worse, all the
symptoms are aggravated, the difficulty
of breathing, the coughing and hoarseness
are extreme, the eyes are red and the
pulse disturbed and full. It is here
we have to call into requisition all

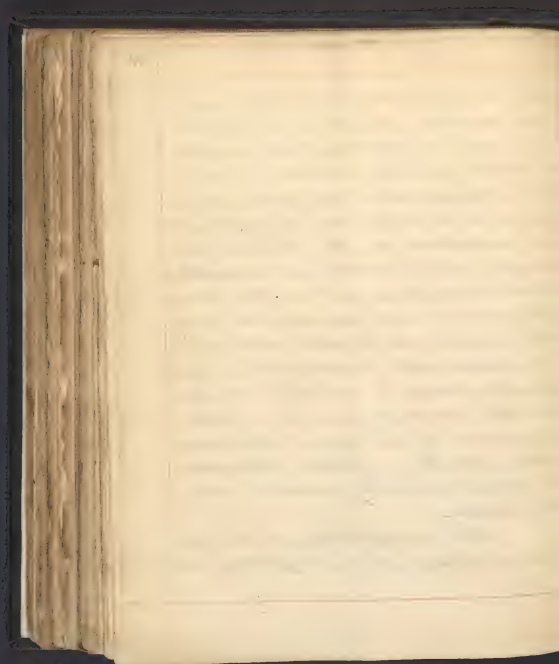


the resources of our art, and resort to the most vigorous and energetic means, otherwise we have the mortification to see our patient rapidly sinking and dying under a disease which by prompt and judicious treatment might have been cured. Under these circumstances we must put the patient into the warm bath, thereby equalizing the circulation, and administer emetics, the most prompt in their operation, such as sulphat of zinc &c. & detract blood if it should be found necessary; in this part of our treatment extreme caution is necessary in attending to the effects, as there is great danger of reducing the system by blood letting even when smothered below the point of reaction. As assisting these measures flustering the whole chest must be had recourse to. Having gone so



for our complete our treatment, with
 such medicines as best promote expecto-
 ration and dephlogestis; as the decoction
 of Seneka and the antimonial wine.
 The administration of Calomel also is
 not to be neglected, as it is of the high-
 est importance in the treatment of
 Croup. Dr. Hamillow whose authority
 carries as much weight as that of any
 other medical man, goes so far as to say
 that Calomel is the best article of the
 Pharmacopoeia which he has tried; and if his
 practice should be strictly followed, or
 in other words if given prior to the
 appearance of hoarseness, or other symp-
 -toms, indicating a fatal termination,
 it almost invariably succeeds in curing
 the disease.

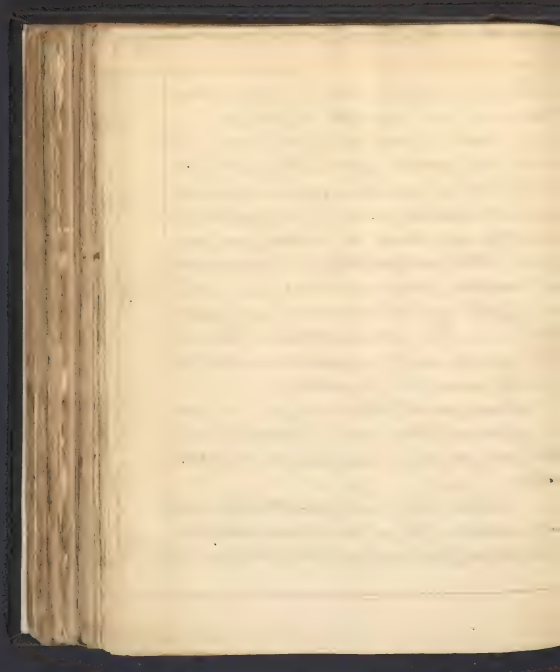
The susceptibility of the sys-
 tem in Croup is so completely lost



that it is chiefly owing to this circumstance, we are compelled to give such large doses of medicine, before we can get them to operate upon the system. But it has been ascertained from experience and observation that if a sufficient quantity of blood be taken from the system this susceptibility to impression is restored and awakened; and not one fifth of the calomel is required that has been administered. This is a fact of so much importance, that it should never be forgotten.

From what has been said it will be perceived that the treatment in both stages of Croup, is not very different.

There has been considerable discussion relative to a membrane which is sometimes produced in the trachea. Its



existence is supported, by such high authority
 that it would be an unwarrantable spec-
 ies of scepticism to doubt it. Nevertheless
 it must be of rare occurrence; seldom com-
 ing under the observation of those
 who have had the most enlarged experi-
 ence in the treatment of Syphilitic trache-
 alis.

As to the nature and structure of this
 membrane there has been no little variety
 of opinion, it being insisted on by some
 as H. and Wilson &c. that it is insipis-
 cular mucus, while on the other hand it
 is as strenuously asserted by Dr. Rush
 Crawford and other authorities, as equally
 respectable, that it is coagulated lymph.

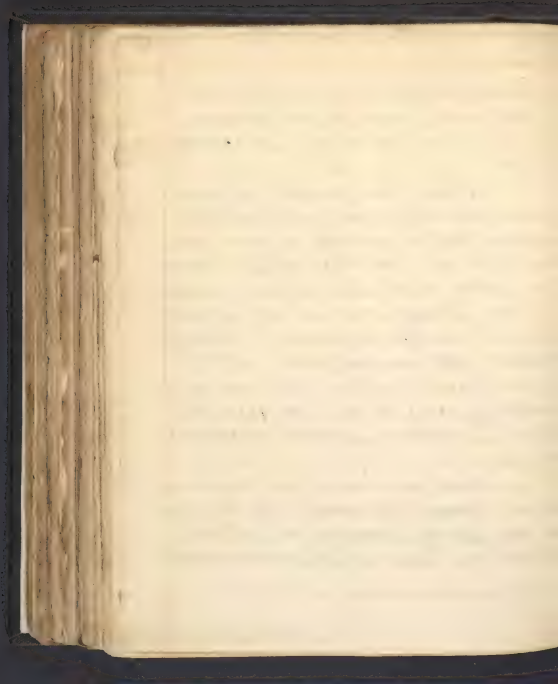
Under these circumstances with whom
 shall we side when there is such con-
 trariety of opinion, and the abettors of
 each theory being so respectable and equal



ly divided). The fact is we must remain
neutral until more ample experience
and observation shall put the question
at rest.

It has been remarked by every
person who has seen much of this
scurvy, that a majority of those phil-
lens who are attacked with the disease
are victims to it. How shall we account
for this fatality? Shall we say it results
from our poverty of resources or inability
to arrest the progress of it, or that it
proceeds from a total ignorance of its
pathology and about all from the
lenient and timid measures adopted to
cure it.

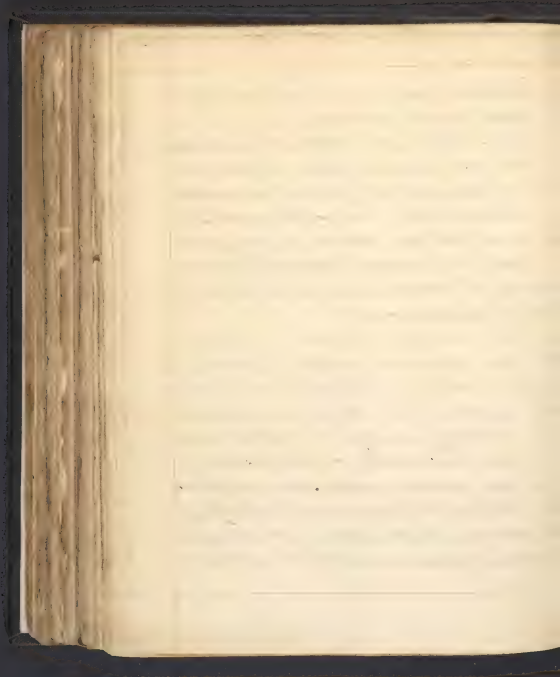
That we have it in our power
to cure scurvy if called early to a case
we are firmly persuaded, and I think
to the two causes last mentioned, must



be attributed our want of success, to the latter more particularly.

It has been said that the first attack of this disease, establishes a predisposition to it, and the patient is exceedingly liable to it even afterwards. If this is a fact, we should be very cautious that the patient does not expose himself to those causes which have a tendency to produce it.

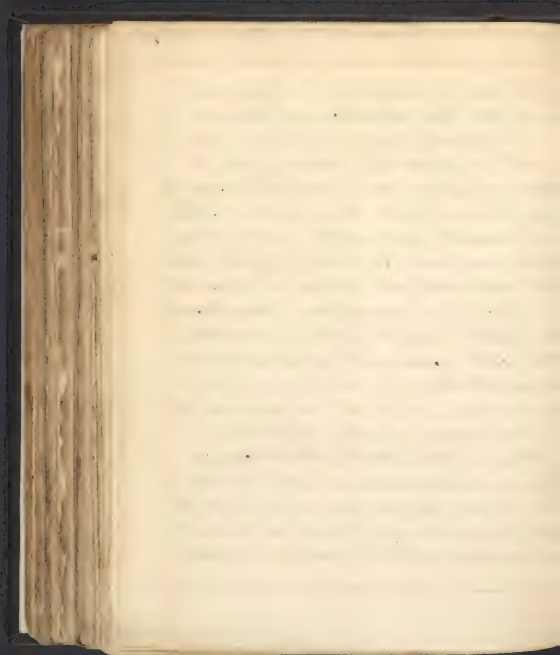
It is also the impression of some, that the subsequent attacks of Gout, are less violent in proportion to the frequency of them. But W. & Hyne who is as high authority as any other medical man, that can be consulted on this disease, thinks the assertion needs some qualification and attributes the comparative mildness of the attacks, to the caution observed, when symptoms appear characteristic of this con-



plaint; which, caution has a tendency to
hasten the full formation of Grouse.

It frequently happens, that when the
patient is apparently recovering from the
disease, a sudden and unexpected exacerba-
-tion puts a period to his existence. The
most plausible explanation of this change
which has been adduced, is by the author
last mentioned, who believes it to result
more from a mechanical than spasmo-
dic affection of the trachea; and states
that after some part of the membrane
is expectorated, the remainder may be so
much loosened, as to act as a valve, and
by that means produce suffocation.

Having thus stated the history of
Croup and tracheitis and the treatment
to be adopted for its cure, and given the dif-
ferent opinions relative to certain circumstan-
ces connected with the disease, I shall

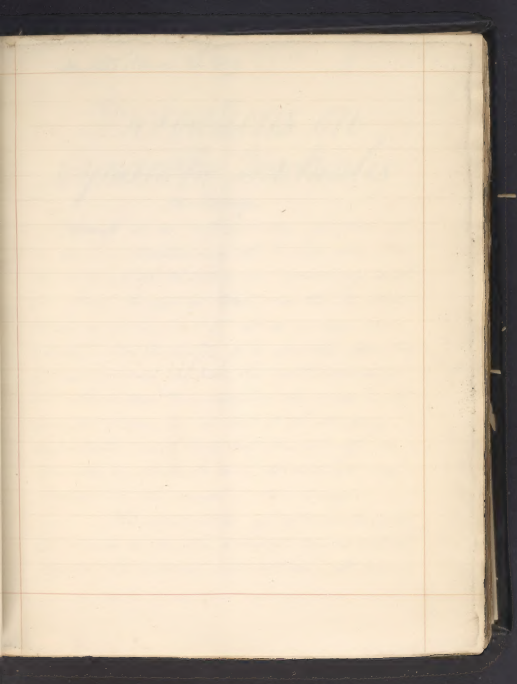


conclude by observing that all chronic cases
of Grouse must be treated by salivation.

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